CO-PARENTING MEDIATION INCOME SURVEY



I. **HOUSEHOLD INFORMATION**: List yourself and all people living with you regardless of age or relationship to you. If any person is over 18 years of age, list their gross monthly income. **Names** Birth Date Relationship to You **Monthly Income** ______ <u>SELF</u>_____ II. FINANCIAL INFORMATION **Employment** — if not currently employed, list previous employer A. **Employer** Address Phone No. Supervisor Type of Work Hourly Wage \$_____ Number of hours per week _____ Gross Monthly \$_____ Date you began job ______ B. **Government Benefits** — how much you receive monthly from each **AFDC** yourself \$_____ children \$ Medical Card

\$ ____

General Assistance \$_____

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		Social Security	\$	
		Veteran's Pension	\$	
		Retirement/Pension	\$	
		Rental Income	\$	
		Unemployment Comp.	\$	
		Disability Benefits	\$	
		Alimony/Child Support	\$	
		(that you receive) Other (specify)	\$	
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